Illinois Department of Public Health

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		IL6005029	<u> </u>		09/17/2015	
	PROVIDER OR SUPPLIER	605 FAST		, STATE, ZIP CODE STREET, P O BOX 600		
ROYAL	OAKS CARE CENTER		E, IL 6144:	•		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
S9999	Final Observations		S9999		:	
	Statement of Licens	ure Violations	And the state of t			
	300.4090a)1 300.4090a)2 300.4090a)3 300.4090b)1)A 300.4090b)1)B					
	Section 300.4090 Personnel for Providing Services to Persons with Serious Mental Illness for Facilities Subject to Subpart S					
	a) Psychiatric Medical Director					
	1) The facility shall have a consultant for the psychiatric rehabilitation program who is an Illinois licensed physician and is board eligible or board certified in psychiatry from the American Board of Psychiatry and Neurology. The psychiatric medical director is responsible for advising the administrator and the Psychiatric Rehabilitation Services Director on the overall psychiatric management of the program's residents.					
		mmunication linkages tric medical director and the				
	the administrator, sha annually approving in	n writing the facility's written res for the psychiatric		Attachment A	د ۽ د	
	b) Psychiatric Rehabilitation Services Director1) A Psychiatric Rehabilitation Services Director (PRSD) shall be:			Statement of Licensure Vic	plations	

Illinois Department of Public Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X3) DATE SURV	
			A. BOILDING.			
IL6005029		B. WING		09/	17/2015	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ROYAL	OAKS CARE CENTER		CHURCH S E, IL 61443	STREET, P O BOX 600		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDENCY)	D BE COMPLETE	
S9999	O Continued From page 1		S9999			
	psychologist, social therapist, rehabilitatinurse or licensed pra minimum of at lea one year supervisory year of experience with serious mental an Illinois Departme training program; or B) A person with a material services field with at experience and at least working directly with illness who has atterprogram. THESE REQUIREM EVIDENCED BY: Based on interview a failed to have a Psychiatric Rehab	y experience and at least one vorking directly with persons illness and who has attended nt of Public Aid (IDPA) naster's degree in a human least one year of supervisory ast three years of experience persons with severe mental nded an IDPA training ENTS WERE NOT MET AS and record review, the facility thiatric Medical Director and Services Director for the past				
THE CONTRACT OF THE CONTRACT O	residents reviewed fo R11, R17, R19 and F and 38 residents ider	red services for six ill (SMI) residents of six or SMI services (R6, R8, R30), in a total sample of 23 ntified by the facility as being mental sample (R14 and				
-	Findings include:		The state of the s		and the second of the second o	
	noted as "Up-dated" a ndicates the facility ic residents as significal	form titled "Sub-Part S" and dated 09/14/15, dentified the following ntly mentally ill (SMI): R6, R30 and R31 through R67.	TO OF AN ORDER TO THE ADDRESS OF THE			

Illinois Department of Public Health STATE FORM

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Illinois Department of Public Health

NAME OF PROVIDER OR SUPPLIER ROYAL OAKS CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (K4) IID SUMMARY STATEMENT OF DEFICIENCIES OF THAT THE PROVIDER SUMMARY STATEMENT OF DEFICIENCIES OF THAT THE PROVIDER SUMMARY STATEMENT OF DEFICIENCIES OF THAT THE PROVIDER SPLAN OF CORRECTION SHOULD BE RECORD OF THAT THE PRETAIN SHOULD BE CROSS-REFERENCED TO THAT PRETAIN SHOULD BE CROSS-REFERENCED TO THAT PRETAIN SHOULD BE CROSS-REFERENCED TO THAT PROVIDER SHOULD SHOULD BE CROSS-REFERENCED TO THAT PROVIDER SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OATE S9999 Continued From page 2 R8's, R11's, R17's and R19's current medical records and R6's and R30's closed records had no documentation of involvement or identifying signatures of a Psychiatric Medical Director or a Psychiatric Rehab Services Director (PRSD) on their respective psychosocial assessments, the psychosocial and psychoactive care plans, the discharge potential forms and those quarterly assessments, the monthly progress notes or the Nurses' Progress Notes over the past year. On 09/14/15 at 10:30 A.M., E11, Social Services' Progress notes or the Nurses' Progress Notes over the past year. On 09/14/15 at 10:30 A.M., E12, Licensed Practical Nurse (LPN), both stated they were unsure who the PRSD was and stated two different psychiatrist's names who might be the Psych Medical Director, but both added they were not certain they were correct. On 09/15/15 at 8:45 A.M., E10, Care Plan Coordinator, stated she was not sure if there was any facility staff person covering the PRSD position and that there has been no Psychiatric Medical Director of Nursing, both stated at 9:05 A.M. on 09/15/15 that there has been no Psychiatric Medical Director and no PRSD for the past year for the facility's SMII population.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
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Comparison of the Centre Comparison of the Com	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	<u> </u>	***************************************
PREFIX TAG (REGULATORY OR LSC IDENTIFYING INFORMATION) S9999 Continued From page 2 R8's, R11's, R17's and R19's current medical records and R6's and R30's closed records had no documentation of involvement or identifying signatures of a Psychiatric Medical Director or a Psychiatric Rehab Services Director (PRSD) on their respective psychosocial assessments and those quarterly assessments, the psychosocial and psychoactive care plans, the discharge potential forms and those quarterly assessments, the monthly progress notes or the Nurses' Progress Notes over the past year. On 09/14/15 at 10:30 A.M., E11, Social Services, and on 09/15/15 at 8:30 A.M., E12, Licensed Practical Nurse (LPN), both stated they were unsure who the PRSD was and stated two different psychiatrist's names who might be the Psych Medical Director, but both added they were not certain they were correct. On 09/15/15 at 8:45 A.M., E10, Care Plan Coordinator, stated she was not sure if there was any facility staff person covering the PRSD position and that there has been no Psychiatric Medical Director of Nursing, both stated at 9:05 A.M. on 09/15/15 that there has been no Psychiatric Medical Director and no PRSD for the past year for the facility's SMI population.	ROYAL	DAKS CARE CENTER					
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(B)		R8's, R11's, R17's a records and R6's and no documentation of signatures of a Psychiatric Rehab Stheir respective psychose quarterly assess and psychoactive capotential forms and the monthly progress Progress notes or the over the past year. On 09/14/15 at 10:30 and on 09/15/15 at 80 Practical Nurse (LPN unsure who the PRS different psychiatrist' Psych Medical Director of certain they were on 09/15/15 at 8:45 Coordinator, stated any facility staff persposition and that their Medical Director for 10 to 15 Administrator, arboth stated at 9:05 A has been no Psychiatrist PRSD for the past year.	and R19's current medical and R30's closed records had finvolvement or identifying chiatric Medical Director or a services Director (PRSD) on chosocial assessments and essments, the psychosocial are plans, the discharge those quarterly assessments, is notes, the Social Services' are Nurses' Progress Notes O A.M., E11, Social Services, B:30 A.M., E12, Licensed N), both stated they were ED was and stated two is names who might be the tor, but both added they were excorrect. A.M., E10, Care Plan she was not sure if there was on covering the PRSD re has been no Psychiatric the past year. and E3, Director of Nursing, a.M. on 09/15/15 that there attric Medical Director and no	S9999			

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